

MATERIALS RECOVERY FACILITY SELF-CERTIFICATION 2005

Form 4400-164 Rev 12-05



NOTICE: This form is authorized by s. NR 544.16, Wis. Adm. Code. Completion of this form is mandatory for a materials recovery facility¹ which serves as a component of a responsible unit's effective recycling program. Personally identifiable information will be used for program administration and must be made available to requesters as required by Wisconsin Open Records law [s. 19.31-19.39, Wis. Stats].

INSTRUCTIONS:

- 1) Complete all sections of this report. If you have questions about how to fill out the form, contact your regional recycling contact. A list of regional recycling contacts is provided at the end of this form.
- 2) This form must be submitted for Department approval
 - a) Prior to first accepting recyclable materials from a responsible unit, with accurate information for the previous 12 month period.
 - b) By March 30 of each year for renewal, with accurate information for the previous calendar year.
- 3) Submittals can be in on-line or in hardcopy.
- 4) If submitting this report in hard copy
 - a) Make a copy for your records and submit the original self-certification form, typed or in pen, to your regional recycling contact. Renewals must be postmarked no later than March 30 of that year.
- 5) If submitting this report on-line
 - a) Follow on-line instructions for submittal of your completed report and how to save a copy for your records.
 - b) **You must submit a hard copy of the signature page-** follow instructions on-line.

¹ "Materials recovery facility" means a facility where the materials specified in s. 287.07(3) or (4), Wis. Stats., not mixed with other solid waste, are processed for reuse or recycling by conversion into a consumer product or a product which is used as a raw material in a commercial or industrial process. A materials recovery facility does not include a facility operated by a pulp or paper mill which utilizes source separated secondary fiber or paper for use as a raw material in a commercial product.

Section 1. Facility Information

Part A. Contact Information

Name of Facility	Recycler ID#
Facility Street Address	Name of Facility Owner
City, State, zip Code	Telephone Number ()
Facility Contact Person (Name)	Name of Facility Operator
Facility Contact Person (Title)	
Mailing Address	
City State Zip	How many employees are at this facility?
Telephone Number ()	Full time:
Facility Contact's Email Address	Part time:

Part B. Responsible units served (continue on additional sheet if needed)

Responsible Unit

County

Part C. Material Handling Capacity

a. Average total per day (24 hours) the materials recovery facility currently handles:	b. Tons per day (24 hours) the materials recovery facility can handle (maximum capacity):
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c. How are materials received at this facility? (Check all that apply)

- ☐ Presorted into Individual Commodities
- ☐ Dual Stream – Containers separated from Fiber
- ☐ Single Stream – Containers and Fiber commingled

d. Is there a scale at this facility? ☐ YES ☐ NO

e. If NO, which is the primary facility for weighing materials?

List facility name, address & telephone number:

Note: Every commercial vehicle scale is required to be inspected annually by a private service company per Chapter 98, Wis. Stats.

Part D. Material Storage

- a. What is the covered storage capacity (square feet) of this facility?
- b. Is any recyclable materials stored outdoors at this facility?
- ☐ YES
- ☐ NO
- c. If materials are stored outdoors, what is the exposed storage capacity (square feet) of this facility?

Part E. Materials Accepted

Mark the box next to all recyclable materials the materials recover facility accepts;					
	Material		Material		Material
<input type="checkbox"/>	Aluminum Containers	<input type="checkbox"/>	Magazines and Similar Paper	<input type="checkbox"/>	Appliances
<input type="checkbox"/>	Steel Containers (Tin Cans)	<input type="checkbox"/>	Office Paper	<input type="checkbox"/>	Waste Oil
<input type="checkbox"/>	Bi-Metal Containers	<input type="checkbox"/>	Junk Mail	<input type="checkbox"/>	Yard Waste
<input type="checkbox"/>	Clear Glass Containers	<input type="checkbox"/>	Box/Chip Board	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Green Glass Containers	<input type="checkbox"/>	PET #1		
<input type="checkbox"/>	Brown Glass Containers	<input type="checkbox"/>	HDPE #2		
<input type="checkbox"/>	Mixed Color Glass Containers	<input type="checkbox"/>	Plastic Containers #3-7		
<input type="checkbox"/>	Corrugated Cardboard	<input type="checkbox"/>	Waste Tires		
<input type="checkbox"/>	Newspaper	<input type="checkbox"/>	Lead Acid Batteries		

Section 2. Materials Processing

Part A. Weight Received

a. NR 544.16 (4) (c) requires that not less than 75% of the volume of recyclable materials accepted at a materials recovery facility be recycled or transported from the facility within 12 month of receipt, unless otherwise approved by the department.

Total weight of material received during current report year	Total weight of material shipped offsite during current report year	% of material shipped
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b. Tonnage of material processed during current report year.

Material	Residential	Commercial
Paper		
Containers		
All other recyclables		
Residuals (Residual material is defined in s. NR 544.03, Wis. Adm. Code, as recyclable materials collected for recycling that are damaged or contaminated during collection or processing to the point that they are no longer marketable.)		

Part B. Shipping

a. Did this facility ship unprocessed materials to another material recovery facility for further processing last year

☐ YES

☐ NO

b. If yes in a, where were materials shipped?

c. Tonnage of Material processed offsite in the previous year:

Section 3. Other Information:

Part A. Efforts to Reduce Residuals:

Describe procedures used to minimize residual material.

Part B. Other Comments:

Additional Comments from MRF operator.
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Part C. Certifications:

<input type="checkbox"/> YES <input type="checkbox"/> NO	The storage capacity of this facility is adequate to maintain the quality and quantity of recyclable materials for markets.
<input type="checkbox"/> YES <input type="checkbox"/> NO	The processing capacity of this facility is adequate to accommodate the anticipated quantities of recyclable materials that will be received.
<input type="checkbox"/> YES <input type="checkbox"/> NO	This facility produces recovered recyclable materials in accordance with market quality specifications.
<input type="checkbox"/> YES <input type="checkbox"/> NO	The owner or operator of the materials recovery facility maintains accurate records to document the types and quantities of recyclable materials processed and marketed for all responsible units using the facility and that those records will be made available for inspection upon request by the department.
<input type="checkbox"/> YES <input type="checkbox"/> NO	The owner or operator of the materials recovery facility provides by February 1 of each year sufficient information so that a responsible unit can comply with the reporting requirements under s. NR 544.10(2)(d) for all measurements, the owner or operator of the materials recovery facility shall use sampling methods or measurements acceptable to the department.
<input type="checkbox"/> YES <input type="checkbox"/> NO	Recyclable materials are not stored in wetlands as defined in s. NR 500.03 (258).
<input type="checkbox"/> YES <input type="checkbox"/> NO	Recyclable materials are not stored in a floodplain as defined in s. NR 500.03 (87).
<input type="checkbox"/> YES <input type="checkbox"/> NO	The owner and operator of the materials recovery facility complies with the disposal and incineration prohibitions under s. 287.07 (1m) to (4), Stats.
<input type="checkbox"/> YES <input type="checkbox"/> NO	This facility has been and will continue to be maintained and operated in conformance with the information submitted upon initial self-certification or upon subsequent notification of change to the department.

Part D. Signature Page

MRF Name: _____

MRF Recycler Id (from page 1) _____

I hereby certify that, to the best of my knowledge, the information contained in this self-certification form is true and correct. I understand that submittal of this self-certification form under. NR 544.16, Wis. Adm. Code, is required if a material recovery facility serves as a component of an effective recycling program, but does not constitute an approval of the facility by the Department. I understand and agree that the Department will use information provided on this form in connection with inspections of the facility and, if significant discrepancies are found, may use this information to disqualify the materials recovery facility as a component of a responsible unit's effective recycling program and for other appropriate actions under ss. NR 544.11 and NR 544.16, Wis. Adm. Code.

Signature of Owner or Operator

Type or Print Name _____

Date Signed _____

DNR Regional Recycling Contacts as of 11/05



Here is an updated list of DNR staff contacts for waste reduction and recycling along with the counties for which they are responsible. Please feel free to call with questions or to introduce yourself.

Regional Recycling Contact	Region Address	Counties Served
Marcy McGrath - 920/662-5493 e-mail marcy.mcgrath@dnr.state.wi.us fax 920/662-5913	Northeast Region 2984 Shawano Ave. Green Bay, WI 54307-0448	Brown, Door, Kewaunee, Manitowoc, Marinette, Menominee, Oconto, Shawano, Waupaca
Dave Misterek - 920/424-2104 e-mail david.misterek@dnr.state.wi.us fax 920-424-4404	Northeast Region Oshkosh Service Center 625 E. County Rd. Y Suite 700 Oshkosh, WI 54901-9731	Calumet, Fond du Lac, Green Lake, Marquette, Outagamie, Waushara, Winnebago
Paul Wiegner - 715/839-5171 e-mail paul.wiegner@dnr.state.wi.us fax 715/839-6076	West Central Region P.O. Box 4001 1300 Clairemont Ave. Eau Claire, WI 54701	Buffalo, Chippewa, Clark, Crawford, Dunn, Eau Claire, Jackson, Juneau, La Crosse, Monroe, Pepin, Pierce, St. Croix, Trempealeau, Vernon
Deb Pingel - 715/359-4531 e-mail deb.pingel@dnr.state.wi.us fax 715/355-5253	West Central Region 5301 Rib Mountain Dr. Wausau, WI 54401	Adams, Marathon, Portage, Wood
Jessica Maloney - 608/275-3298 e-mail jessica.maloney@dnr.state.wi.us fax 608/275-3338	South Central Region 3911 Fish Hatchery Road Fitchburg, WI 53711	Dane, Iowa
Cynthia K. English - 608/275-3240 e-mail cynthia.english@dnr.state.wi.us fax 608/275-3338	South Central Region 3911 Fish Hatchery Road Fitchburg, WI 53711	Grant, Green, Lafayette, Richland, Rock
Sherry Otto - 715/365-8982 e-mail sheryl.otto@dnr.state.wi.us fax 715/365-8932	Northern Region 107 Sutliff Ave Rhineland, WI 54501	Florence, Forest, Iron, Langlade, Lincoln, Oneida, Price, Taylor, Vilas
Bob Germer - 715/635-4060 e-mail robert.germer@dnr.state.wi.us fax 715/635-4105	Northern Region 810 W. Maple St Spooner, WI 54801	Ashland, Barron, Bayfield, Burnett, Douglas, Polk, Rusk, Sawyer, Washburn
Barb Palecek - 920/387-7870 e-mail barbara.palecek@dnr.state.wi.us Fax 920/387-7888	South Central Region N7725 Hwy 28 Horicon, WI 53032	Columbia, Dodge, Jefferson, Sauk
Liz Spaeth-Werner - 414/263-8677 e-mail elizabeth.spaeth-werner@dnr.state.wi.us fax 414-263-8483	Southeast Region 2300 N. Martin Luther King Dr. Milwaukee, WI 53212	Milwaukee - N. half, Ozaukee, Sheboygan, Washington
Nancy Gloe - 414/263-8369 e-mail nancy.gloe@dnr.state.wi.us fax 414-263-8483	Southeast Region 2300 N. Martin Luther King Dr. Milwaukee, WI 53212	Kenosha, Milwaukee - S. half, Racine, Walworth, Waukesha